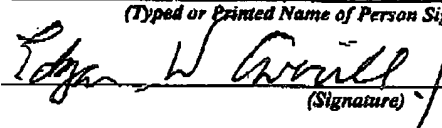


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|--|--------------------------|-------------------------------|---------------------------|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Alex R. Bellehumeur | | | Docket No. 134/111 |
| Application No. 10/766,600 | Filing Date 1/27/2004 | Examiner Matthew C. Graham | Group Art Unit 3683 |
| Invention: Inline Skate Brake | | | |
| <p>I hereby certify that this <u>Revocation of Power of Attorney With New Power of Attorney</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571/273-8300</u>)</p> <p>on <u>September 22, 2006</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 20px;"> <u>Edgar W. Averill, Jr.</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div> <p style="text-align: center; margin-top: 40px;"> Note: Each paper must have its own certificate of mailing. </p> | | | |

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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/766,600 |
| | Filing Date | 1/27/2004 |
| | First Named Inventor | Alex R. Bellehumeur |
| | Art Unit | 3683 |
| | Examiner Name | Matthew C. Graham |
| | Attorney Docket Number | 134/111 |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27629☐ Please change the correspondence address for the above-identified application to:☐ The address associated with Customer Number:


OR

| | | | | | |
|---|---|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Michael J. Moffatt | | | | |
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I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Signature |  | | |
| Name | Alex R. Bellehumeur | | |
| Date | | Telephone | 562/597-6801 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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